

Remarks:

Responsive to the March 10, 2005 Requirement For Additional Information, the Applicant hereby submits that:

1. The Health Resources U.S.A. L.L.C. pamphlet (hereinafter "the pamphlet") disclosed with the August 21, 2001 IDS was generated approximately one (1) month before the filing date of the application (November 10, 2000).
2. The pamphlet was not published before the filing date of the application. Accordingly, no applicable publication date exists.
3. No known publications, brochures, manuals, or press releases exist that describe the Health Resources U.S.A., L.L.C. as described by the pamphlet and that were generated before the filing date of November 10, 2000.
4. Notwithstanding Item 3, the Applicant notes that the August 21, 2001 Information Disclosure Statement disclosed three letters between Health Resources U.S.A., LLC and the Drug Enforcement Program ("DEA") at items AC, AD, and AE.
5. An Application for Registration to the DEA that may be potentially relevant to the subject application and entitled Application For Registration by Health Resources U.S.A. LLC. on May 5, 2000 is attached.
6. Further to Item 5, a DEA official visited Health Resources U.S.A., LLC circa June 2000 to discuss the application of Item 5.
7. A Drug Distributor License Application to the State of Missouri and by Health Resources U.S.A. LLC dated April 25, 2001 is attached.

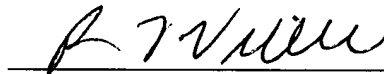
8. A Drug Distributor(Certificate/License from the State of Missouri issued to Health Resources U.S.A. LLC on June 30, 2001 is also attached.

9. No products or services that were the subject of the pamphlet were marketed or developed before November 10, 2000.

The Applicant believes that all of the required information has been supplied. It is also understand that the fee and certification requirements under 37 C.F.R. § 1.97 have been waived for the documents submitted herewith.

If the Examiner believes, for any reason, that personal communication will expedite prosecution of this application, he is invited to telephone the undersigned at the number provided. Favorable action is respectfully requested.

Respectfully submitted,



Robert L. Villhard
Reg. No. 53,725
Thompson Coburn LLP
One US Bank Plaza
St. Louis, Missouri 63101
(314) 552-6000
(314) 552-7000 (fax)

APPLICATION FOR REGISTRATION

Under Controlled Substances Act of 1970

OMB NO. 1117-0012
DEA Form 225
(Nov. 1998)

READ INSTRUCTIONS BEFORE COMPLETING

USE BLACK INK

Name: Applicant or Business

(Last, First, MI) H E A L T H R E S O U R C E S U S A L L C

Taxpayer Identifying Number and/or Social Security Number 4 3 1 8 8 5 3 5 8

Proposed Business Address (When using a P.O. Box you must also provide a street address) 1 5 0 1 5 E A S T T R A F F I C W A Y

City State Zip Code SPRINGFIELD MO 6 5 8 0 2

Applicant's Business Phone Number Applicant's Fax Number 4 1 7 - 8 6 9 - 5 5 2 2 4 1 7 - 8 3 1 - 7 7 2 9

REGISTRATION CLASSIFICATION: 1. BUSINESS ACTIVITY: (X only one) ☒ Manufacturer ☒ Distributor ☒ Researcher ☒ Exporter ☒ Importer ☒ Analytical Lab

3. INDICATE HERE IF YOU REQUIRE ORDER FORM BOOKS.

Schedule IV ☒ Schedule III Narcotic ☒ Schedule III Non Narcotic ☒ Schedule V ☒

Schedule I ☒ Schedule II ☒

2. DRUG SCHEDULES: (X all that apply)

5. MANUFACTURERS ONLY Mark Category and Schedules applicable in the boxes to the right (Definitions on reverse of instruction sheet)

4. SUPPLY ANY OTHER DEA REGISTRATION NUMBERS FOR ANY CLASS OF BUSINESS AT THE ADDRESS SHOWN ON THIS APPLICATION.

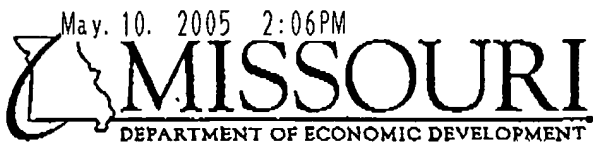
6. ALL APPLICANTS MUST ANSWER THE FOLLOWING: (a) Are you currently authorized to prescribe, dispense, distribute, or otherwise handle the controlled substances in the schedules for which you are applying under the laws of the state or jurisdiction in which you are operating or propose to operate?

Yes - State License No. ☒ PENDING N/A

Yes - State Controlled Substance No. ☒ PENDING N/A

RESEARCHER, LAB \$70; DIST., IMPORTER, EXPORTER \$436; MANUF. \$875; FOR 1 YR

For information, call 1 (800) 882-9539
See "Privacy Act" information on last page of application.



May. 10. 2005 2:06PM

SEINo. 0944:TED P. 5:ATION TO:
MISSOURI BOARD OF PHARMACY
PO BOX 625
JEFFERSON CITY, MISSOURI 65102-0625
(573) 751-0091

DEPARTMENT OF ECONOMIC DEVELOPMENT

DRUG DISTRIBUTOR LICENSE APPLICATION AND/OR CHANGE OF OWNERSHIP

INSTRUCTIONS		PLEASE COMPLETE ALL QUESTIONS		FOR OFFICE USE ONLY	
<p>1. This form must be typewritten.</p> <p>2. Application fee \$250.00 (all fees are non-refundable).</p> <p>3. If you handle controlled substances, you must attach a copy of your DEA controlled substance registration and a copy of your state controlled substance registration</p> <p>4. Completed fingerprint cards and fee of \$36.00 if the Manager in Charge is not licensed as a pharmacist in Missouri.</p> <p>5. You MUST attach a copy of your current state wholesale/distributor license, if outstate.</p>				<p>RECEIVED NO. _____</p> <p>DATE OF RECEIPT _____</p> <p>DATE OF EXPIRATION _____</p> <p>DATE OF RENEWAL _____</p>	
<p>1. CHECK ONE OF THE FOLLOWING</p> <p><input checked="" type="checkbox"/> NEW APPLICATION <input type="checkbox"/> CHANGE OF OWNERSHIP FOR A CURRENTLY LICENSED FACILITY DD 90- _____</p> <p>EFFECTIVE DATE OF CHANGE _____</p>					
<p>2. APPLICANT NAME (CORPORATION, PARTNERSHIP, INDIVIDUAL OWNERSHIP)</p> <p>Health Resources USA, L.L.C.</p>					
<p>3. APPLICANT ADDRESS (STREET, CITY, STATE, ZIP CODE)</p> <p>1505 East Trafficway, Springfield, MO 65802</p>					
<p>4. D/B/A NAME - INDICATE NAME OF DISTRIBUTION FACILITY</p> <p>Health Resources USA</p>				<p>D/B/A TELEPHONE</p> <p>(417) 869-5522</p>	
<p>5. D/B/A ADDRESS (STREET, CITY, STATE, ZIP CODE, COUNTY)</p> <p>same as above</p>					
<p>6. THE APPLICANT IS (CHECK ONE)</p> <p><input type="checkbox"/> AN INDIVIDUAL <input checked="" type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION</p> <p>Limited Liability Company</p>				<p>IF A CORPORATION, INDICATE STATE OF INCORPORATION</p>	
<p>ATTACH CERTIFICATE OF GOOD STANDING ISSUED BY THE MISSOURI SECRETARY OF STATE'S OFFICE</p> <p>THIS FORM ALLOWS YOU TO TRANSACT BUSINESS IN THIS STATE (FOR INSTATE APPLICANTS ONLY)</p>					
<p>7. APPLICANT WILL PLACE THE FOLLOWING INDIVIDUAL AS MANAGER-IN-CHARGE OF THE DISTRIBUTION SITE</p>					
<p>FULL NAME</p> <p>Ewing B. Gourley</p>		<p>MO PHARMACIST LIC. # (if applicable)</p> <p>NA</p>	<p>DATE OF BIRTH</p> <p>08-25-42</p>	<p>SOCIAL SECURITY NUMBER</p> <p>488-44-1598</p>	
<p>8. TYPE OF PRODUCTS DISTRIBUTED</p> <p><input checked="" type="checkbox"/> HUMAN <input type="checkbox"/> VETERINARY <input checked="" type="checkbox"/> CONTROLLED <input type="checkbox"/> MEDICAL GAS <input type="checkbox"/> MEDICAL DEVICES</p> <p>PRESCRIPTION PRESCRIPTION SUBSTANCES</p> <p>DRUGS DRUGS</p>					
<p>IF YOU CHECK THE CONTROLLED SUBSTANCE BOX, YOU MUST ATTACH COPIES OF YOUR STATE & FEDERAL CONTROLLED SUBSTANCE LICENSES.</p>					
<p>9. FACILITY IS A</p> <p><input checked="" type="checkbox"/> WHOLESALE <input type="checkbox"/> MANUFACTURER <input type="checkbox"/> REPACKAGER <input type="checkbox"/> OTHER (PLEASE SPECIFY)</p>					
<p>10. TYPE OF FACILITIES SERVICED</p> <p><input type="checkbox"/> PHYSICIANS <input type="checkbox"/> DENTISTS <input type="checkbox"/> PODIATRISTS <input type="checkbox"/> VETERINARIANS <input type="checkbox"/> OPTOMETRISTS</p> <p><input checked="" type="checkbox"/> PHARMACIES <input checked="" type="checkbox"/> WHOLESALE <input checked="" type="checkbox"/> NURSING HOMES <input type="checkbox"/> HOSPITALS <input type="checkbox"/> ADVANCED NURSE PRACTITIONERS</p>					
<p>11. To the best of your knowledge, have any of the applicant(s) and/or the manager-in-charge associated with this license ever:</p> <p>(A) Been denied, refused, convicted, fined, disciplined or had a drug distributor/ wholesale license revoked for violation of pharmacy, liquor or drug laws, or presently charged with any such violations, in Missouri or any other state? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>(B) Been convicted of any felony, or presently charged with the commission of a felony, in Missouri or any other state? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If you are presently charged with or have been previously convicted of any such violations, explain in detail. If your license has been disciplined, explain in detail. Use separate sheet.</p>					

12. Below, or on a separate page, please list the information requested below for the owner(s) of the business. If owner is a corporation, list the information for all officers of the corporation. If owner is a partnership, list the information for all partners.

NAME	TITLE	ADDRESS	TELEPHONE	% OWNED	SOCIAL SECURITY NUMBER
Ewing B. Gourley	CEO	1690 S. Royal Dr.	417-882-7738	37.5	488-44-1598
		Springfield, MO 65809			
Ben E. Balden	Sales Manager	4375 E. University	417-886-4413	37.5	498-42-5630
		Springfield, MO 65809			
Fred Auger	Contract Manager	P.O. Box 590	610-420-8105	25.0	194-38-8031
		Chester Springs, PA 19425			

Provide detailed information on a separate attached page for any owner/partner/officer that relates to any of the circumstances below.

☒ Attached detailed information relates to Item No.(s): Fred Auger Item NO. 2.

☐ None of the following circumstances have occurred.

☐ Details have been reported on prior application and there has been no change.

1. Currently hold a direct or indirect interest in any other license now in force issued by the Missouri Board of Pharmacy or Missouri Bureau of Narcotics and Dangerous Drugs. If so, list each licensee name and location of premises.
2. Ever held a drug distributor or a pharmacy license from this state or any other state or ever had a financial interest in any entity which held such a license. If so, list each licensee name and location of premises.
3. Ever made application for a pharmacy or a drug distributor license which was denied by the Missouri Board of Pharmacy, Missouri Bureau of Narcotics and Dangerous Drugs or by the licensing authority of any other state.
4. Ever held a license or had a financial interest in an entity with a pharmacy and/or drug distributor license which was disciplined by this state, or by the licensing authority of any other state.
5. Now employ or anticipate employing, at the business seeking licensure, any person who has at any time held an interest in a license from the Missouri Board of Pharmacy which was disciplined or denied, or any person who has been convicted of any crime.
6. Been employed by any person, partnership, or corporation that has had a pharmacy and/or drug distributor license disciplined by this state.

338.185 RSMo. "After the effective date of this act, notwithstanding any other provisions of the law, the Board of Pharmacy shall have access to the records involving an applicant for a license or permit or renewal of a license or permit as provided within this chapter, where the applicant has been adjudicated and found guilty or entered a plea or guilty or nolo contendere in a prosecution under the laws of any state or of the United States for any offense reasonably related to the qualifications, functions, or duties of any profession licensed or regulated under this chapter, for any offense an essential element of which is fraud, dishonesty or an act of violence or for any offense involving moral turpitude, whether or not sentence is imposed."

THIS SECTION MUST BE COMPLETED BY A CORPORATE OFFICER

13. Applicant promises and swears that if a license is issued, such business shall maintain a manager-in-charge and such business will be conducted and operated in full compliance with the pharmacy laws, professional ethics and all other laws of Missouri as long as continued under such license.

I do solemnly swear or affirm that I am the aforementioned applicant and that the statements and representations made in the foregoing application are true and correct. All this I affirm under penalties of perjury.

MUST BE SIGNED IN PRESENCE OF NOTARY		SIGNATURE OF APPLICANT ► <i>Erin B. Bradley, CEO</i>	
NOTARY PUBLIC EMBOSSEER SEAL	STATE OF	COUNTY	
	Missouri	Greene	
	SUBSCRIBED AND SWORN BEFORE ME, THIS 25th DAY OF April, 2000 xx		
	NOTARY PUBLIC SIGNATURE <i>Cristi A. Royster</i>	MY COMMISSION EXPIRES 1/22/03	USE RUBBER STAMP IN CLEAR AREA BELOW. CRISTI A. ROYSTER Notary Public - Notary Seal STATE OF MISSOURI Webster County My commission expires Jan 22, 2003
NOTARY PUBLIC NAME (TYPED OR PRINTED) Cristi A. Royster			

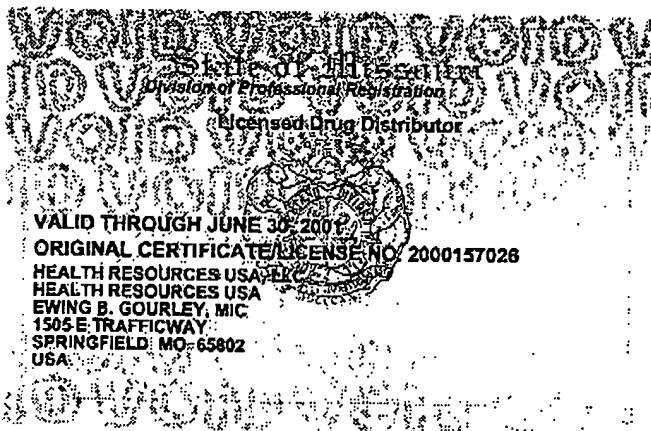
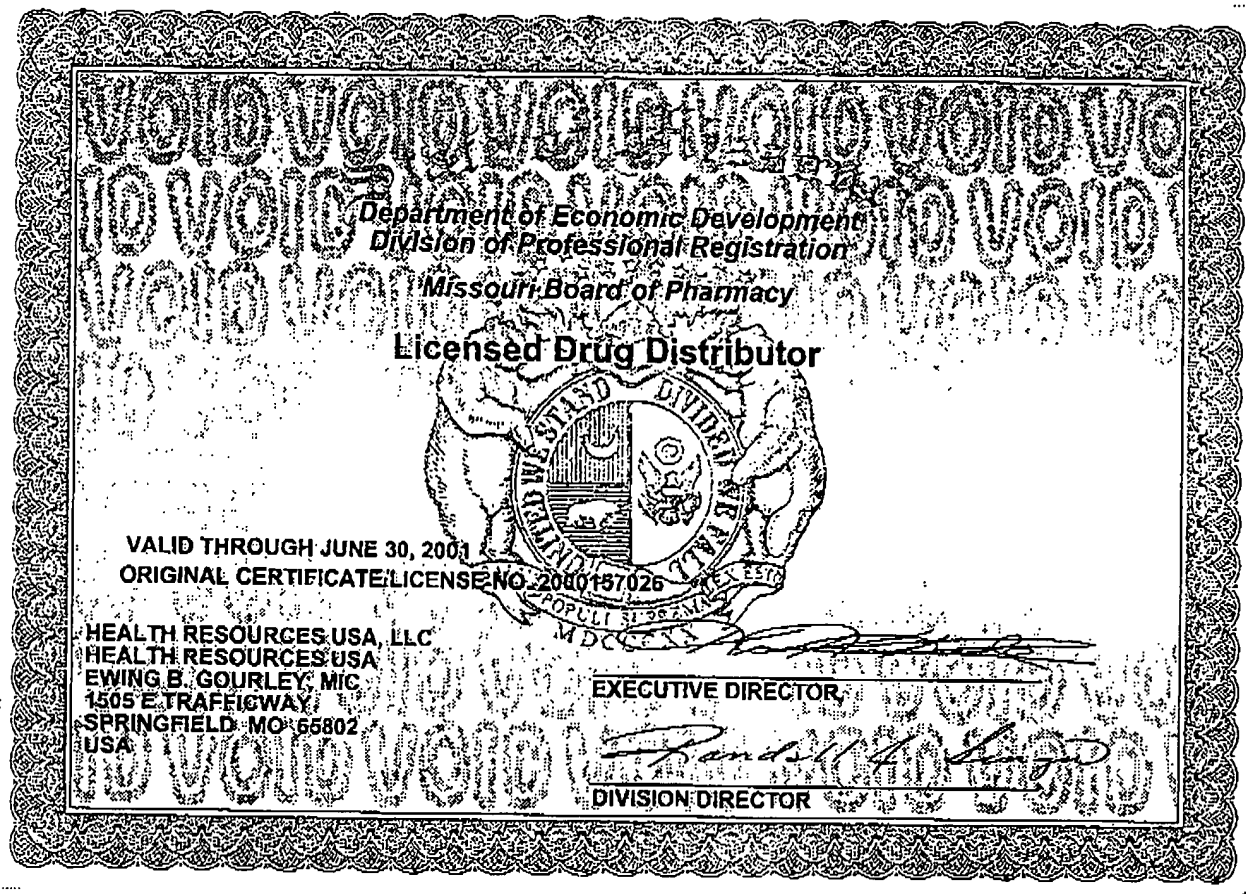
14. TO BE COMPLETED BY THE MANAGER-IN-CHARGE:

I do solemnly swear or affirm that I serve as the manager-in-charge of the business described in the foregoing application, that I meet the requirement of six (6) years education and/or experience to qualify for this position and that I understand the license will be issued with my name appearing thereon as manager-in-charge. All this I affirm under penalties of perjury.

MUST BE SIGNED IN PRESENCE OF NOTARY		SIGNATURE OF MANAGER-IN-CHARGE ► <i>Erin B. Bradley</i>	
NOTARY PUBLIC EMBOSSEER SEAL	STATE OF	COUNTY	
	Missouri	Greene	
	SUBSCRIBED AND SWORN BEFORE ME, THIS 25th DAY OF April, 2000 xx		
	NOTARY PUBLIC SIGNATURE <i>Cristi A. Royster</i>	MY COMMISSION EXPIRES 1/22/03	USE RUBBER STAMP IN CLEAR AREA BELOW. CRISTI A. ROYSTER Notary Public - Notary Seal STATE OF MISSOURI Webster County My commission expires Jan 22, 2003
NOTARY PUBLIC NAME (TYPED OR PRINTED) Cristi A. Royster			

15. List below the names and addresses of any other in-state or out-of-state facilities owned by the applicant who also do business in Missouri. Please provide Missouri license number.

NAME OF FACILITY	ADDRESS (STREET, CITY, STATE, ZIP CODE)	LICENSE NO.
NONE		



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